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### CLINICS.

#### HOSPITAL NOTES AND GLEANINGS.

*Removal of the Leg of a Child aged two Years and a half.*—Perhaps the most interesting feature of this case is the period at which the limb was amputated, the child being a little over two and a half years of age. Very rarely has amputation been found necessary at this time of life, unless from some grave accident. The child, a patient of Mr. COULSON's, at St. Mary's Hospital, was the subject of scrofulous disease of the knee, which was lined with a false membrane, and an opening existed in the tibia, which extended downwards into the shaft. The disease was too extensive to admit of excision, and Mr. Coulson resorted to amputation; and when we last saw

the little fellow he was going on well. A circumstance, however, transpired about this child's history which had been kept concealed by the mother until after the operation, namely, that the child had had four epileptic convulsions eight months ago, which were followed by hemiplegia of the unamputated side. The child has now (Jan. 20) a discharge from both ears, with some redness about the mouth, and is rather restless at night. The paralysis was not noticed before the operation, from the fact of the child never having walked, nor even sat up.

*Dislocation of the Head of the Humerus into the Axilla.*—Whilst Mr. de MERIC was seeing the out-patients at the Royal Free Hospital on the 23d of March, a robust man of about thirty was brought to him, who

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had just had a fall upon the shoulder, the result of which was the injury above mentioned. The diagnosis was extremely easy; and as the accident was so recent, Mr. de Méric tried to reduce at once by forcibly raising the arm in the direction of the axis of the body. This was done without using much force, and scarcely was the elbow brought in a line with the vertex, when the characteristic crack was heard, and the head of the bone had returned to the glenoid cavity. The reduction did not take more than a minute; Mr. O'Loughlin, house-surgeon to the hospital, who was present, bandaged up the arm in its accustomed position for such cases, and the patient walked away. We mention this to induce those who often have to deal with such injuries to try the same method, before resorting to the heel, especially in recent cases.

*Arm crushed between Railway Buffers; Disarticulation of the Shoulder.*—A railway porter, aged twenty-six years, was helping to move forward some of the carriages, when his left arm was caught between two buffers, and completely crushed. The bone was shattered, and all the soft parts bruised and torn, and a laceration extended down the forearm. This accident occurred at eleven o'clock on the morning of the 16th February. He was brought up to town, and conveyed to University College Hospital, and placed under Mr. QUAIN'S care. As the injuries were too extensive to permit any portion of the arm being saved, Mr. Quain, at half-past four of the same day, removed the limb at the shoulder-joint, which was fortunately uninjured, but there was very little sound skin to form flaps; they therefore included some of the bruised integuments. The clavicle and scapula were not injured. There was a little hemorrhage from the wound the same night; he had anodynes, and passed a quiet night, but next day complained of soreness about his left chest. His pulse was 132 at 3 P. M., on the 17th, and he was going on as well as could be anticipated. The patient's subsequent progress, although slow, was good; the wound has healed up to some extent, and the man is gradually gaining strength. His life, at any rate, is safe. When last we saw him, he was able to sit up in bed and have his stump dressed, although very weak.—*Lancet*, April 3.

*Epidemic of Ulcerative Omphalitis.*—M. MEYER describes this epidemic as he observed it in the wards of M. Valette at the Charité Hospital, Lyons; and his paper is interesting as showing the marked efficacy of chloride of zinc. It resembled in its characters hospital gangrene more than erysipelas, properly so called. At the commencement the appearances merely consisted in an exaggerated condition of a very ordinary phenomenon, the slight inflammation accompanying the fall of the cord. This inflammation, then, being accompanied by ulceration, cicatrization of the umbilicus was delayed, and soon the symptoms of intense phlegmasia were developed. The umbilical region became of a deep redness, and was surrounded by an enormous, but circumscribed tumefaction. The cutaneous border surrounding the base of the cord became ulcerated and everted, and the ulcer, getting deeper and wider, was covered with a gray, pultaceous membrane, and generally discharged a thick, purulent, fetid sanies. In proportion as the ravages of the ulceration extended the red circle enlarged, taking on a wine-ley colour, and the tumefaction, more and more voluminous, became hard and resisting. In many cases the red areola was encircled by small, more or less confluent, roundish, dirty-white pustules, containing turbid or purulent serosity. Beneath, the dermis presented small, round, depressed ulcerations. Sometimes the erysipelatous circle was covered by enormous sanguinolent phlyctenae, and when these broke the ulceration soon invaded the exposed dermis. The general health was not always affected at the commencement; but very soon the child refused to suck, cried continually, wasted away, and was sometimes carried off within thirty-six and forty-eight hours. Sometimes the progress of the disease was slower, but very often even then fatal.

In other cases, the disease commenced at once by ulceration, which soon committed great ravages, either propagating itself along the umbilical vessels, or over the abdominal parietes. Its form was irregular, and its surface was either of a violet gray, exhaling an odour of gangrene, or was covered by a soft adherent false membrane, as in hospital gangrene. In these cases the surrounding livid circle was less circumscribed, there was less tumefaction, and the pustular eruption was often absent. The general symptoms also came on sooner, sometimes pre-

coding the ulceration; the infant soon passing from a state of great agitation into fatal collapse.

The various remedies usual in such cases, including the actual cautery, were tried in vain, when M. Valette had recourse to chloride of zinc paste, spread on linen. This was completely applied to the ulcerated surface, and the result was, that in place of an invading ulcer, a limited and clean wound, with tendency to cicatrization, was produced. Whenever the disease was thus treated at an early stage, and the caustic could be applied to all parts of the ulcerated surface, it never failed in its effects, one application usually sufficing.—*Med. Times and Gaz.*, March 20, 1858, from *Bull. de Thérap.*

**Mulberry Calculus in the Urethra.**—A rather novel and at the same time interesting case of stone came under observation at St. George's Hospital the other day, under Mr. PRESCOTT HEWETT's care, in a little boy twelve years of age. He introduced a catheter into the lad's bladder on one occasion, and as it passed towards the arch of the pubis he thought he felt the point of the instrument grate against some hard substance, but nothing was detected within the bladder. Next day the patient suffered from retention of urine, which was relieved by the catheter, and again the hard body was felt at the back part of the urethra. Mr. Hewett therefore got a long probe, which he bent like a hook, and passed it along the urethral canal, at the back of what was now ascertained to be a calculus, and which he gently hooked forward until it lay in the canal just behind the scrotum. The lad was then secured in the usual manner, and the stone removed by a small incision in the mesial line. We saw the little fellow on the 25th February, nine days after the operation, and found him going on without a bad symptom. The stone was oval, three-quarters of an inch long, the ends sharp, and a quarter of an inch in diameter, a favourable form and shape for slipping into the urethral canal, and composed of oxalate of lime. We heard Mr. Hewett say he had a similar case about two years ago in this hospital, which he proceeded to remove in the same manner, but the stone slipped into the bladder, and at the same sitting he performed lithotomy, and removed the calculus successfully. The whole proceeding becomes a very simple one when the stone can be removed from the urethra.—*Lancet*, March 20, 1858.

**Caution as to the Diagnosis of Malignant Disease of the Testicle.**—Two cases of much interest have recently been operated on in Guy's Hospital, which illustrate the difficulty in stating positively the character of certain enlargements of the testicle, and show the propriety of adopting exploratory steps previous to extirpation. In the first, a man, aged 38, was under Mr. COCK's care with an obscurely fluctuating tumour in the scrotum, of such character that most who saw it thought it medullary cancer. Mr. Cock, however, had his doubts as to whether it would prove to be merely an hæmatocele with thickened walls, and accordingly laid it freely open before proceeding to extirpate. His suspicions proved correct, and the contents having been evacuated, and a free opening obtained, the cavity was left to granulate. The suppuration was for some time profuse, but the wound ultimately healed well. The second case illustrates the difficulty in diagnosis rather than the necessity for exploration. It is that of a man, aged 37, under Mr. COOPER FORSTER's care. He was pale and emaciated. The testicle was as large as a fist, and no one who saw it expressed any doubt as to its being cancerous. Excision was performed, and on examination afterwards the whole gland was found to be disorganized by the infiltration of tubercle, the epididymus also being involved. Had the true nature of the disease been known beforehand no other measure could have been adopted. That peculiar difficulties often attach to the discovery of an exact cause of enlargements of the testis, all surgeons will admit. Mr. Paget is accustomed to observe in reference to the simulation of cancer by syphilitic and rheumatic sarcocele, that no testicle should be condemned as malignant until three remedies have been severally tried—mercury, iodine, and colchicum.—*Med. Times and Gaz.*, March 27, 1858.

**Ruptured Perineum and Recto-Vaginal Fistula.**—A young woman with a lacerated perineum extending through the sphincter, the result of a previous labour, was submitted, at University College Hospital, by Mr. ERICHSEN, some weeks back, to the usual plastic operation recommended by Mr. B. BROWN. The parts healed very well, with the formation of an excellent perineum; but a recto-vaginal fistula remained, which was partly closed on the 27th January by paring the edges, and bringing them together by

means of sutures. A second operation on this fistula on the 10th February, was more successful, the sphincter ani muscle being divided laterally. Opium was given afterwards, and the utmost quiet and rest enjoined.

Mr. Adams, at the London Hospital, some weeks back, performed a similar operation for a ruptured perineum with success, and more recently repeated it in a case of procidentia uteri, using deep sutures without quills.—*Lancet*, April 3, 1858.

#### *Serpiginous Sores over the Entire Body.*

—One of the most exaggerated instances of this form of eruption which we have ever seen is at present in the London Hospital, under the care of Mr. CVELING. The patient is a young man who has had syphilis. About twelve months ago a rupial eruption broke out over various parts of his body, and then spread to his head and his entire face. The latter at this moment is perfectly red throughout. The patches of ulceration over the body far exceed in extent the sound skin, and many have had distinct rupial conical crusts upon them, which have now fallen off, and the serpiginous sores have healed from the local application of nitrate of silver and the internal use of the iodide of potassium and sarcaparilla. The great circular and coalescing patches of discoloration about the body still remain, of a deep crimson red colour. He has baths occasionally with good effects. We may mention that the eruption about the face has partaken of a somewhat impetiginous character, and that about the body of a truly serpiginous nature, the ulceration spreading in one direction and healing in another. As this is a very obstinate form of affection, and sometimes lasts for years, we think the mercurial vapour bath, as recommended by Mr. Henry Lee, might more quickly and surely determine a cure.—*Lancet*, March 20, 1858.

*Fragment of a Knitting-Needle found in the Liver.*—Dr. HERMANN CLARUS gives the following case in the *Archiv. für Physiol. Heilkunde*: A woman, aged forty-six, was brought to St. George's Hospital, Leipzig, in a delirious state. It was maintained by those who brought her that she had never been ill before. The excitement did not subside; she would take no food, and died twenty-five days after admission. The veins

of the brain were found gorged, and on incising the pia mater three ounces of serum escaped. On the groove between the two lobes of the liver a cicatrix was remarked; it was very thick and dense, and contained a fragment of a knitting-needle three inches in length. The needle was much eroded by rust, and close by it lay a large venous branch, which presented no lesion. No trace of wound or scar could be discovered on the skin of the abdomen, neither in the stomach nor in the liver itself. It is very probable that this fragment of knitting-needle had been swallowed by the patient, and had travelled on without causing any disturbance.—*Lancet*, March 27, 1858.

*Poisoning by Acetate of Lead.*—A case was admitted last week into the Great Northern Hospital, under the care of Mr. LEARD, in which self-destruction by acetate of lead was attempted. A healthy young man took before breakfast two pennyworth of the salt in half a tumbler of water. He was careful to swallow the portion remaining undissolved. In about a quarter of an hour he vomited. He had now some epigastric and frontal pain, severe abdominal pain ensued, and in about three quarters of an hour from the time of swallowing the acetate he was purged once freely. Two hours subsequently he was brought to the hospital. The only thing he then complained of was the abdominal pain. The pulse presented nothing remarkable. He was immediately given sulphate of zinc as an emetic. The next day sulphate of magnesium was given, as the bowels were constipated. He was discharged well on the day following.

It was ascertained from the chemist from whom it was procured that one ounce of acetate of lead is sold by him for twopence.

Dr. Leard remarked that the case was interesting, as affording additional evidence of the comparative harmlessness of the acetate of lead, although popularly regarded as an active poison; also the purgative action of an astringent salt, owing to the largeness of the dose, was instructive.—*Med. Times and Gaz.*, March 20, 1858.

#### *A Pair of Ears Growing from the Neck.*

—We think it right, when opportunity permits, to place upon record remarkable congenital freaks of nature, as they may present themselves, for they sometimes indirectly

furnish the analogue of various appendages and peculiarities illustrating the homologies of the skeleton and soft parts in some of the inferior animals. At Guy's Hospital, on the 23d of February, a little girl was brought into the theatre with an appendage hanging from each side of the neck, in a line with the os-hyoides, and supposed possibly to be in connection with the cornua of that bone. They resembled the lobules of the ear, and felt like them, and their interior, especially at their bases, felt distinctly cartilaginous. They were carefully dissected out by Mr. BIRKETT, and actually were two distinct but small ears. The peculiar cartilage of the pinna of the ear, with its rolled form and usual thickness, was clearly present, and not a doubt existed that the child had the remains of two ears growing from her neck, besides the two perfect ears existing in their natural situation. The lobuli of these two appendages were of the natural size as exists in a child of her age, perhaps a little larger. They certainly had become larger than they were at her birth. A careful dissection made afterwards showed a distinct concha in each, with an imperfect helix, and it was ascertained that there was not the slightest connection with the os-hyoides.

Now, the feature of interest in this child would be the explanation of the presence of ears in the neck, with a perfect pair already in their natural situation. Mr. Birkett hazarded the opinion of their origin being due, in early intra-uterine life, to some of the special cells of each ear getting upon the neck in some way, becoming planted, as it were, like seeds, and there growing. There may possibly exist a power in the cells of particular organs and bodies in the human economy to reproduce similar structures in some other part, a property (if it does exist) which is never exercised but before birth; but we much doubt whether such a view is received by many physiologists. Of the existence of the extra pair of ears in the neck of this otherwise well-formed child there can be no doubt whatever. Their origin in the neck we leave to the conjecture of our readers.—*Lancet*, March 20, 1858.

*Treatment of Nevus by Vaccination.*—In a recent clinical lecture M. NÉLATON observed, that to reap the benefit of this excellent means of treating nevus, it is indispensable that certain precautions should be observed in putting it into force, the neglect

of which has often been the cause of the failures practitioners have complained of. Thus if we vaccinate with the point of a lancet, scarcely does the instrument penetrate beneath the epidermis, when a considerable flow of blood takes place, which carries with it almost all the virus, leaving the operation imperfect. To obviate this inconvenience we should select the finest insect pins, and charging their points with virus taken directly from a child's arm, they should be thrust into the nevus, and allowed to remain there, the flow of blood being thus completely prevented. They should be implanted at short intervals, of half or one centimetre from each other. In a few minutes, when we believe that the tissue had become sufficiently impregnated by the virus, the pins should be withdrawn. The pustules undergo their ordinary development, each puncture becomes indurated and inflamed, and a vaccinal eruption covers all the tumour. The peculiarity in the action of the vaccine virus is that it acts more deeply than most of the caustic modifying agents at our command. The action is propagated to the subcutaneous tumour, and we obtain a cure exempt from all the dangers attendant upon the application of caustics, and without the production of a cicatrix, which in many situations might prove of great inconvenience.

Another mode of vaccinating nevus has been adopted by M. Nélaton in two instances. The first of these was an unvaccinated infant, sent to him by M. P. Dubois, on account of a subcutaneous erectile tumour in the parotid region. He passed in four needles transversely, traversing the tumour through and through, and then passed two vertical pins in the same manner. These six pins were left in for twenty-four hours, and then replaced by threads. The six astons were left in for eight days, and then the vaccine virus was so applied as not to implicate the edges of the wound, which would have given rise to twelve vaccine pustules. The adjoining integuments were to this end protected by very minute fistula-lachrymalis canules slid over each thread. The threads were then impregnated to a certain extent with the virus, and passed through the canules into the depth of the erectile mass. At the end of four days there came on considerable inflammatory swelling, which lasted as long as the natural period of the vaccine evolution. The tumour then be-



came very hard and compact, the vessels being obliterated. The cure remained permanent, no cicatrix resulting; one of the orifices had been inoculated, and a vaccine pustule was produced. With a little attention, even this slight inconvenience might have been avoided.

We may therefore state that vaccination is a valuable means of treating erectile tumours; but as it requires that the patients have not been previously vaccinated, it is always a good precaution before vaccinating an infant to inquire whether there is not some small erectile tumour in some part of its body.—*Med. Times and Gas.*, Jan. 30, from *L'Union Médicale*, 1857, No. 63.

#### CLINICAL LECTURE.

*Clinical Lecture on the Principles of Conservative Surgery as applied to the immediate Treatment of Large Accidents.* Delivered at St. Bartholomew's Hospital, January 11, 1858. By FREDERICK C. SEY, Esq., Surgeon to the Hospital.—GENTLEMEN: Conservative surgery, as applied to large injuries, is founded on the principle of a greater than ordinary reliance on the resources of nature, exerted to preserve and restore to its former condition of health and utility a limb, or any portion of the human body, which, in its absence, would be condemned to removal. Conservation infers a power to cure, and conservative and curative surgery are almost synonymous terms. The practice of curative surgery demands two conditions—first, a thorough reliance on the inclination of nature to preserve life and to regenerate impaired structures, and the power to accomplish the cure of injuries within certain limits yet untried by the observation and experience of the surgical profession; and, secondly, it involves the possession of certain moral feelings in the man himself. These two conditions are indispensable to a thorough investigation into the principles of curative surgery. In a decision to be formed on any given case, the surgeon must forget himself—he must forget the *éclat* attendant on great operations; his entire thought, his whole and concentrated interest, must merge in the welfare of his patient. Do not think I impute to our profession a moral weakness that is not common to all mankind. Term it a warrantable ambition—a desire for dis-

tingtion, more commonly termed "notoriety"—an aspiration for greatness—whatever it be, and in whatever degree it exist, it has a tendency to hamper the judgment, and to throw its influence into the scale of self-interest, to the prejudice of the person whom accident has placed in our charge for better or for worse. So long as human weakness is interwoven with human strength, so long as the line which separates good from evil is finely drawn, so long will the tendency prevail. A man's conscience is the only arbiter. More influential still is the other condition, that nature has the disposition to restore, in other words, to cure, to an extent beyond general belief; that her resources are larger, and that she is more liberal in the bestowal of them, than we are disposed by cursory observation to give her credit for; and that there is a "vis medicatrix" presiding over all diseases, palpable in all cases to the eye of the philosophical surgeon.

Now I wish to show you, that the greater our distance from medieval or primitive surgery, and the further we advance in the path of enlightened surgery, the more curative does it become, and with curative surgery, its inseparable handmaid and companion, simplicity. That we had not calculated nature's powers with any approach to accuracy we may readily believe, when I tell you that, forty years ago, amputation, more especially of the leg, was a common operation. Without any correct statistical report, but speaking from general recollection, I may assert any single week rarely passed without the resort to the amputating instruments, whereas the removal of a limb has really become a rare operation. The fact is notorious and undisputed as far as I know. All severe compound fractures were amputated; all diseases of joints which were supposed to involve either destruction of bone or absorption of cartilage. Grating of the bones when brought into contact was deemed a sufficient warrant for removal of the limb. Prior to the date I have mentioned, it is highly probable that the practice was yet more common.

Does it follow, in acknowledging the truth of these statements, that we have reached the goal of perfect surgery? Can we say we have tried nature's powers to the utmost? Is it an unreasonable supposition, that, some forty years hence, the same ground of argument may prevail, and our successors may

point with astonishment to the recorded fact of thirty amputations performed in St. Bartholomew's Hospital in the course of one year! while their own number is reduced to ten or even less. Perhaps you think that the London hospitals exercise a centralizing influence over country institutions. Not only is it not so, but there is found no uniformity of practice amongst themselves. And with regard to the country: I know an example in which more amputations were performed in one year than were performed in St. Bartholomew's Hospital during the same period—the relative number of patients being  $\frac{1}{2}$  and  $\frac{1}{3}$ . In fact, the man who amputates least frequently has the greater knowledge of the resources, and confidence in the good disposition of nature, while he who has less knowledge and less confidence amputates the most.

I will now place before you, as valuable material for future reflection, the evidence which favours belief in the steady progress of conservative surgery. Is it not true not only that nearly every large operation is becoming more simple in its character, and that greater consideration is paid to the subject of personal suffering? How great an aggregate of physical pain has been neutralized by the introduction of chloroform?—that great discovery, the benefits of which will probably live to the end of time. Look at the greater simplicity of our modern treatment of fractures of the cranium, and the substitution of the comparatively painless operation of lithotomy for the cutting operation from which twenty-five per cent. of deaths were the general issue. Consider the great question of aneurism, treated on the principles of Mr. Hunter, and which, like lithotomy, led to a fatal termination in more than twenty-five per cent., which modern treatment by pressure has reduced to less than five per cent. The operation, again, for hernia, in which the mortality, formerly so large, is so greatly reduced by leaving the sac unopened. Old dislocations reduced, and limbs restored to use after six or even nine months, in violation of a mistaken principle that attributed danger to the attempt to reduce them.

Let us now apply these principles to the treatment of compound fracture or other large lacerations of the limbs by violence. If the main artery of a limb be torn asunder by a violent accident, and the extremity become cold, we know that gangrene must

follow the loss of circulation, and we amputate the limb. We conclude that the artery is divided; but we infer other injury, whether to the main nerve or to other vessels, arterial or venous, because if the artery alone were divided the collateral circulation would suffice to nourish the limb. This, with our present knowledge, is a clear case for amputation. But take a doubtful case, a severe injury or laceration, involving integument, muscle, artery, and bone, or one or all of these textures. Can we honestly say we have tested nature's power and disposition to aid our treatment? Again, in amputation for diseases of joints, do we always recollect that the absorption of the cartilage is in the direct path to nature's own process of cure, viz., that by ankylosis? Have you ever examined a joint finely injected after amputation for grating of bone? If you have the opportunity you will observe a beautiful edge of bright red granulations surrounding the residue of the cartilages, and you will grieve with me that so excellent a work has been cut short in its progress towards a perfect consummation.

With respect to compound fracture, listen to the brief report of the following case:—

A man, aged twenty-eight, was admitted into Harley's ward, with a compound comminuted fracture of the radius of the left forearm. The arm had been caught in some machinery, and the back of the arm quite cut away down to the interosseous ligament. The middle third of the radius was crushed; the muscles rent asunder, with the exception of a small portion of the extensor communis of the fingers, and the extensor carpi ulnaris; the posterior muscular branch of the interosseous artery was cut asunder. Fragments of muscles, some separated, some adherent, remained in the wound. The integuments were detached to the extent of about an inch and a half in breadth all the length of the forearm, and had still farther retracted. If the extensor muscles had been completely destroyed, I would have amputated the limb, because without some antagonism the flexor muscles would have gradually become useless, and the fingers would have closed into the palm. The first question, after I had ascertained the full extent of the injury, that occurred to my mind was, Can this arm be saved? and the second was, What evil can arise from the experiment? Had I amputated the limb immediately, the remark on after

examination, would have been, What a frightful injury! Quite impossible to save it! But I made the attempt in the full conviction that the arm would be worth something, that it would not prove utterly worthless, and the man, now at the expiration of three months, has a serviceable limb; yet I shall be curious to know its condition at the expiration of twelve months. Why should the attempt not have been made? There could be no immediate necessity for the removal of the limb; and when you have witnessed, as I have done, the security you obtain from the free administration of brandy and other stimuli required to antagonize the prostration necessarily consequent on similar accidents, and observed the enormous capacity for stimulants people in this condition exhibit, you will see that I had nothing to fear from collapse, tetanus, or any other similar cause of danger.

A second man was brought into the hospital on November 5 last, having sustained a frightful wound from a pistol-shot on the outer side of his left elbow. The muscles were rent to pieces both above and below the joint; the triceps was ruptured and separated from the bone, and the finger passed around the back of the humerus, and the elbow-joint was opened. The radial nerve was torn asunder. Such was the appearance of the injury, that I might have amputated the limb without a word of comment; but I preferred the attempt to save it. I replaced the parts in position, removed all the jagged portions of muscle, and, in consequence of the entire destruction of the integuments, I left the wound open. In size it was about four inches across in all directions. This man has left the hospital with the prospect of an almost perfect recovery. Twice in the progress of the treatment the wound became perfectly phagedenic, but each time the morbid actions were arrested by Peruvian balsam.

In serious accidents like those I have alluded to, it is said we must amputate at once when necessary to avoid a second shock. But the principle, though sound, is misapplied in such cases. The principle of immediate amputation is only applicable to the battle-field, when the operation quickly follows the infliction of the wound. If some hours have elapsed, the critical hour has passed. Shall we inflict an injury, or gain no knowledge by postponing the amputation for twelve, eighteen, or twenty-four hours?

Suppose you were called to a man of high rank or of large fortune, would you not watch even at his bedside, and wait for a few hours, and avoid the amputation of his limb till you were compelled to do so? I advise you to lay aside all theories about primary and secondary amputations. The operation must always involve a shock to the system. Depend on it that before ten years have elapsed the principles of curative or restorative surgery will achieve a permanent triumph over the practice of the past.—*Lancet*, Feb. 27, 1858.

### SKETCHES AND ILLUSTRATIONS OF MEDICAL QUACKERY.

*Homoeopathy and Scarlet Fever.*—[The subjoined confessions of a homoeopathist of his experience in scarlet fever will doubtless surprise our readers. It is well known that there is no disease in the treatment of which the infinitesimal gentry more loudly boast of their success than in scarlatina, some even claiming invariable success in the disease, when treated by them from the onset according to homoeopathic doctrines.]

The following statement by Dr. JOHN C. PETERS, one of their own number, one eminent among them, and one of the editors of the *North American Journal of Homoeopathy*, from the No. of which Journal for Feb., 1858, we extract it, shows how little grounds they have for their boasting, and exhibits a most melancholy picture of want of success.]

"Our art [homoeopathy], as it now stands," says Dr. Peters, "offers little or no better help to the young physician than the imperative necessity of making a selection of one or two among forty or more, more or less appropriate remedies, and this selection, which is always difficult and uncertain, must be made with the greatest accuracy, while the physician is under the pressure of the most harassing anxiety about his patient. It is full time that aged and experienced physicians should give us the benefit of their trials, successes, and failures, fairly and honestly; let us know the cases in which we may hope for a reasonable amount of success, and above all, point out those which they fail in, and in which almost every one else will surely fail.



"Our handbooks simply refer us from one remedy to another, perplexing us with a host of indications which are rarely or never met with at the bedside, and always leaving the ingenuous and conscientious physician under the horrible fear that he has not made the right selection, and still leading him off, *ignis fatuus* like, to some other equally inefficient remedy, which has been strongly recommended on very slight theoretical grounds, and still slighter clinical experience.

"My experience in fatal cases of scarlet fever has been as follows:—

"1st. In the earliest part of my medical career, I was placed as guard with a child severely sick with malignant scarlet fever, with a most severe anginous affection, copious exudation of plastic lymph upon the pharynx and tonsils, croupous symptoms, and probably exudation in the larynx and trachea, great swelling of the parotid glands, profuse ichorous discharge from the nostrils, and very scanty eruption. The treatment was conducted by three of the oldest and ablest homoeopathic physicians which our city then or now affords, and the case terminated fatally.

"2d. I was called in counsel by one of the above physicians to aid him in the management of three cases which had been under allopathic treatment; one case was almost moribund when we took charge, and it died in a day or two; the others recovered.

"3d. I was called in counsel to a case which had been treated homoeopathically from the beginning by one of the earliest converts to homoeopathy; and this case also terminated fatally.

"4th. Scarlet fever broke out in a family with four children; three were attacked successively at intervals; the character of the disease was severe and dangerous, with croupous exudation upon the tonsils, swelling of the parotids, ichorous discharges from the nose, abundant eruption, delirium, hoarseness, albuminous urine, &c. &c.; these three recovered after a hard struggle of several weeks, and no bad after-effects were left.

"The fourth child sickened three weeks after the others; during all this time it had been separated from the others, and had taken belladonna freely and faithfully; but the old nurse, finding the little fellow in the hall, she having just come out of one of the sick rooms, and her dress covered with

some of the profuse discharges from the nose, ears, and nostrils of one of the other children, could not refrain from hugging and kissing him, as she was dearly attached to him, and had not seen him for several weeks; in fact, she sat down with him on her lap in the hall for fifteen minutes or more; the same or next evening I took tea with the family; my dear little patient was at the table perfectly well, ate his supper with relish, but when he left the room to go to bed, expressed a wish to speak privately with his father, to whom he complained of slight sore throat; he was immediately brought back; I examined his throat carefully, but could detect no redness or swelling, and his pulse was but slightly accelerated. Mercurius and aconite were given, and I left the house but little prepared for the coming storm. I was summoned early the next morning, and found my little friend completely prostrate; he was almost unconscious, his face deadly pale, with the peculiar pallor about the ears, nostrils, and lips which are only seen in the severest cases. I learned that he had slept as usual up to twelve o'clock, then awoke vomiting; had vomited fifteen or twenty times, and now seemed in an almost hopeless condition. He, however, rallied from this, the eruption came out most abundantly, the throat and head symptoms were most severe; he finally became delirious and refused all food, drinks, or medicines, and died on the eighth or ninth day. I was assisted in the treatment by one of the oldest and most experienced homoeopathic physicians.

"5th. About a year afterwards, I was summoned in counsel to an infant which had been born in the above family since the death of the former child; there was not the slightest sign of an eruption, but the same deadly pallor of the face and ears, profuse acrid discharge from the nostrils, plastic exudations upon the throat, and swelling of parotids; the child had already been sick under homoeopathic treatment from the commencement, viz., for three or four days; I did not hesitate to pronounce the case to be one of malignant scarlet fever, which had not been previously suspected. It terminated fatally a few days later.

"6th. I was called in counsel by one of the most careful, strict, and experienced homoeopathic physicians to see two children

with malignant scarlet fever, whom he had been treating for several days; they both were in a hopeless condition, and both died in a few days.

"7th. I was called in counsel, in company with the oldest and most experienced physician of our school in this city, to see two children who had been sick for several days under the treatment of one of our most prominent, careful, and strict homœopathic physicians; one seemed to be in an utterly hopeless condition, and died in less than twenty-four hours more; there seemed to be not only a reasonable, but a great amount of hope of ultimate recovery for the other, which remained under the exclusive care of the attending physician; but a few days after I learned that it also had died.

"8th. I was called in counsel to see an infant of eight or nine months of age, who had been sick with malignant scarlet fever and whooping-cough combined for four or five days, under the care of altogether the most pains-taking and conscientious homœopathic physicians of this or any other country. As the case had progressed so badly, I was allowed to follow out my own plans of practice, but the case terminated fatally in a few days more. There were profuse discharges from the nose, exudations upon the throat, swelling of the parotids, inflammation of the lungs, while the paroxysms of whooping-cough were severe and well marked; the eruption was distinct, but not abundant. The child had been exposed both to whooping-cough and scarlet fever.

"9th. I was called in counsel to see a fine boy, sick for two days, and utterly prostrate; he had been treated homœopathically by one of the most intelligent and liberal of our school; he died the same day.

"10th. I was called in counsel by one of my colleagues to see a girl, aged six or seven, sick for five or six days with scarlet fever in an aggravated form; the croupous symptoms were the most urgent; the voice was almost extinct, the breathing oppressed and creaking, plastic exudations upon throat, ichorous discharge from the nose, &c. She died a few days after.

"The majority of the above cases had been treated with the high dilutions and by competent physicians; all the cases with which I had anything to do were treated with the low dilutions and crude medicines, and every expedient with which I was ac-

quainted, and approved of, was put in practice.

"11th. I was requested to take charge of a little girl who had been abandoned by her allopathic physician as being in a hopeless condition; two or three of her brothers and sisters had been severely sick, and had recovered under allopathic treatment. The throat and nostrils were completely blocked up with plastic exudations, the parotids were much swollen, and the symptoms of croup were very prominent. I applied dilute nitric acid to the throat and nostrils, used lard inunctions, &c., but without success; I had the advantage of the counsel of our oldest and most experienced homœopathic physician, who thought there was some hope of saving the case; but it died.

"12th. I was called in counsel, by the physician alluded to in Case 8th, to a child, whom he had treated from the commencement, four or five days in all, and in whom the pseudo-membranous anginous affection had already progressed down into the larynx; it died.

"13th. I was called in counsel by the same physician to see a little girl with the most intense inflammatory non-malignant case which he or I had ever seen; the brain symptoms were predominant, and the eruption most intensely developed; it died."

*Advice by a Retired Physician.*—When Rowland Hill invented the penny postage stamp, and put in circulation the smallest paper money in existence, he little thought of the evil uses to which his admirable idea would be turned. He little anticipated that ingenious gentlemen, who roam about seeking whom they may devour, would, through its agency, manage to live upon the public in princely style, their whole stock in trade being an advertisement in the paper! In the number for January 24th, 1857, we drew attention to the alluring advertisement of "A Retired Clergyman" who was anxious to make the public acquainted with a recipe for nervous disorders—the trifling sum of six postage stamps being all he asked in return for his invaluable advice. But now the retired clergyman gives place to an aged figure, such as we used to see in the frontispiece of didactic volumes of a quarter of a century since, in the form of a venerable hermit dispensing to youth the health-giving mountain-herb, as thus:—

A RETIRED PHYSICIAN, whose sands of life have nearly run out, discovered, while in the East Indies, a Certain Cure for Consumption, Asthma, Bronchitis, Coughs, Colds, and general debility. The remedy was discovered by him when his only child, a daughter, was given up to die. He had heard much of the wonderful restorative and healing qualities of preparations made from the East India Hemp, and the thought occurred to him that he might make a remedy for his child. He studied hard, and succeeded in realizing his wishes. His child was cured, and is now alive and well. He has since administered the wonderful remedy to thousands of sufferers in all parts of the world, and he has never failed in making them completely healthy and happy. Wishing to do as much good as possible, he will send to such of his afflicted fellow beings as request it, this recipe, with full and explicit directions for making it up and successfully using it. He requires each applicant to inclose him six stamps—one to be returned as postage on the recipe, and the remainder to be applied to the payment of this advertisement. Address H. JAMES, M. D., 14, Cecil Street, Strand.

Charming picture! Admirable devotion of a green old age to the miseries (and postage stamps) of a suffering public! This sage, whose "sands of life have nearly run out," and who studied hard to save his child, and happily succeeded through the instrumentality of Indian hemp, should by no means hide his light under a bushel—the whole race of poor afflicted creatures, consumptive, asthmatic, bronchitis, and generally debilitated, have only to apply by letter at once at his mossy cell in that health-giving neighbourhood, Cecil Street, Strand; and so they will be cured. Behold, every morning this advertisement flies, on the wings of the press, to the firesides of hundreds of thousands of our countrymen, whose Arcadian simplicity with respect to quack medicines is too deep to fathom: over this simple crew this venerable old fisher of men casts his net—and what is the daily result! Watch the postman drop his bag at the door of the Retired Physician. Can there be more than one letter for the aged recluse? Is the man whose "sands of life are nearly run" troubled with a plentiful correspondence? There are hundreds of letters, and every letter comes

laden with its due complement of postage stamps. The daily receipts of this aged individual from this source are known to average £10 per day; and this is not the whole of the contribution of the public to this deeply interesting individual. The receipt for the preparation of Indian Hemp is duly sent; but, as in the case of the "Retired Clergyman," the recipient, not being able to make anything of it, adopts the accompanying suggestion to send it for concoction to a certain quarter; here the second fleecing process begins; and where it ends we scarcely like to say. We are informed that the aged physician whose "sands of life are nearly run," is a hale and hearty American, who proposes to open another health-giving fount in the French capital, now that he finds himself firmly established with a princely income in the metropolis.

Thus the world wages in 1858. Scores of well-educated medical men are at this moment reduced to starvation point, and one quack is wallowing in wealth. Is it not infamous that respectable papers should give insertion to such an advertisement? Can any person be deceived as to its character? Can there be a doubt that it is intended to defraud? How, then, we ask, is it possible that honest men can consent day by day to put such palpably fraudulent announcements into circulation? The public health we make such a stir about is as the fat pasture ground on which designing quacks feed without let or hindrance—nay, with the approval of the government, and often with the support of the judges.

If the person calling himself H. James, M. D., were to kill any of his dupes by his doses of Indian Hemp, was in consequence put upon his trial, are not all the chances in favour of the judge recommending his acquittal in consequence of his ignorance? It is really monstrous that the most deadly poisons should be prescribed wholesale, through the medium of advertisements, by persons without any legal title to do so. We question if there are half a dozen physicians in London who can boast so large an income as this "Retired Physician," whose whole knowledge and stock-in-trade is summed up in a cunningly written advertisement. The proper punishment for this gentleman, whose "sands of life are nearly run," would be a sound outward application of good English Hemp to his own person. —*British Med. Journ.*, March 6, 1858.

## MEDICAL NEWS.

## DOMESTIC INTELLIGENCE.

*Biological Society.*—A biological society has been organized, as a department of the Academy of Natural Sciences, of Philadelphia. The following officers have been elected:—

*Director.*—J. Leidy, M.D.

*Vice-Director.*—W. A. Hammond, M.D.

*Secretary.*—Henry Hartshorne, M.D.

*Treasurer.*—Mr. Jas. W. Queen, M.D.

## Medical Graduates in 1858.

St. Louis Medical College . . . . .	49
Missouri Medical College . . . . .	25
Medical Department University of Nashville . . . . .	109
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University Medical College (Mich.) . . . . .	27
University of Buffalo . . . . .	9
New Orleans School of Medicine . . . . .	33
Medical College of Memphis . . . . .	19

*Outrage on the Profession.*—The following statement in the No. for April 29d of our contemporary, the *Boston Medical and Surgical Journal*, will undoubtedly awaken the indignation of the profession throughout the country.

"It was with feelings of deep pain and humiliation that we learned the news of the removal of Dr. J. R. LOTHROP from the office of Superintendent of Rainsford Island Hospital, and of the appointment of Dr. Lemuel M. Barker in his place. This change was made wholly for political reasons. Not the shadow of complaint, we believe, has ever been made that Dr. Lothrop, who was appointed by Gov. Clifford, and has been retained by each succeeding administration until the present, has not discharged the duties of his office with entire satisfaction. The Inspectors, in their Annual Report, recently printed, give the following testimonial to his ability and fidelity: 'The Inspectors would renew their testimony to the efficient and faithful manner in which the Superintendent has discharged his duties. The firm, yet kind discipline he maintains, his successful treatment of disease, his self-possession in emergencies, his good common sense, united with high professional attainment and skill, are all that can be desired in a superintendent of this or any other kindred institution.'

"To add to the disgrace which this transaction has inflicted upon our State Government, the office made vacant by the removal of Dr. Lothrop has been filled by the appointment of a gentleman who is not even a member of the Massachusetts Medical Society; in other words, who is not recognized as a regular physician by the profession. Dr. Barker may be distinguished as a politician, for aught we know to the contrary, but he certainly is not favourably known as a medical practitioner. Is there any guarantee that he is capable of the 'successful treatment of disease,' that he has 'self-possession in emergencies,' or 'good common sense, united with high professional attainment and skill?' How many respectable members of the profession are ready to vouch for his fitness for the situation of a hospital physician and surgeon? Are the lives of hundreds of poor sufferers to be entrusted to the hands of a man who is looked upon by the profession as an irregular practitioner?

"We had hoped that the appointments to the various State Hospitals would not become mere political gifts, to be held during the brief period of each administration, and we deeply lament that the present Governor should have seen fit to inaugurate a new order of things. Is it understood that the removal of Dr. Morris from the State Prison Hospital, and of Dr. Lothrop from Rainsford Island Hospital, are only precedents? Are the superintendents of the Insane Hospitals at Worcester and Taunton to follow? They are competent and faithful men; what, then, can save them? Must those important institutions also be managed by men whose term of office, wholly independent of professional skill, depends upon their political creed for the time being? If so, nothing but mismanagement can follow. To secure a competent resident physician to a large hospital he must be reasonably sure of permanency of office, as some compensation for the renunciation of private practice. If the incumbents of such offices are to become mere political weathercocks, the present excellent administration of our public institutions must give place to disorder, extravagance, and public disgrace.

"An earnest remonstrance against this unjust political measure, signed by about fifty of the most eminent physicians of Boston, has been presented to the Governor, but so unexpectedly was the blow struck,

that the remonstrance arrived too late to prevent it, though doubtless it would have been of no avail had it been earlier made. The medical profession will look upon this act as an insult, and we have no doubt that an intelligent community will condemn it as in every way unjust and inexpedient."

*Memphis Medical Recorder.*—The No. of this journal for last March contains the following announcement:—

"Down to the present number, the *Medical Recorder* has been published as the property of the Faculty of the Memphis Medical College; by the acts of a recent faculty meeting, however, that body declines any further connection with its publication after the present number. The reason for doing so was the impossibility of collecting subscriptions, over three-fourths of the expense of its publication having been a dead loss to the faculty, though our subscription list is sufficient to pay the whole with a considerable profit, if it were collected. Now we are glad to see a healthy state of feeling growing up on this subject with regard to the medical press. A variety of circumstances have for some time concurred to foster the practice of publishing medical periodicals with a nominal subscription list, three-fourths of which it is known cannot be collected. Sometimes it is desired to establish an advertising medium in behalf of some institution; sometimes men who have the money to spare are willing to expend it for the purpose of advertising themselves; and, one way or another, the readers of medical periodicals have been led to think that they are published for some secondary advantage to accrue to their editors and publishers, and thus that they are bestowing quite sufficient patronage upon them if they take them in and read them, and that it is most unreasonable to expect pay in addition to this. The result is evil in all ways; first the country is deluged with trivial and ephemeral periodicals, published with all sorts of secondary objects; and, secondly, those which are worthy of patronage fail to receive their dues from the erroneous notions fostered in readers by the practice we have described. Two axioms, therefore, ought to be inculcated as a guide for our action in all matters relating to medical literature. First, the true test of a periodical being really wanted, is the existence of a sufficient number of pay subscribers; and, secondly,

when one has been established on those principles, it should never be sent to those who do not pay, except in the few cases where it is understood from the first to be sent as a matter of compliment."

#### *Distribution of Lunatic Asylum Reports.*

—The Association of Medical Superintendents of American Institutions for the Insane, at their late annual meeting, in New York, wishing to diffuse as widely as possible the knowledge of mental disease, and the means which are and have been used to manage and relieve it, and also desiring to make their own experience and observations as useful and profitable to others as may be, voted unanimously,

"That the Superintendent or government of each Hospital or Asylum for the Insane, should be advised to send, by mail, or otherwise, one copy or set of all past reports as complete as possible, and a copy of all future reports of their several institutions, to certain public libraries, and literary and scientific associations, in the several states of America, for permanent preservation and use.

"That a committee be appointed to select and designate these depositories of the hospital reports, and to publish the list when so selected and prepared, in the *Journal of Insanity*, for the information and guidance of the several Superintendents.

"Dr. Edward Jarvis, of Dorchester, Mass., was appointed as this committee."

In pursuance of the above vote, the committee have prepared and published a list of the libraries, and which should be permanent recipients of these reports. This list is too long for us to insert it. We regret to find, on looking over it, that the library of the College of Physicians of Philadelphia (which should have headed the list for the State of Pennsylvania) is entirely omitted.

The Committee, in closing their report, very justly remark "that it is for the credit and honor of the superintendents and managers of these noble charities, that their reports and the histories of their doings should be everywhere read, and the results of their observations and experience be everywhere known, and that it is for the good of humanity that these records should be diffused as widely, and placed within the reach of as many as possible. It is reasonable to expect that all the officers of these institutions



will concur in the vote of the Association, and send all their past and their future reports to the depositories which have been designated by the Committee, for permanent preservation and universal use."

We trust that the appeal will be generally responded to.

*Jefferson Medical College.*—We learn that Dr. SAMUEL HENRY DICKSON, of Charleston, S. C., has been elected to the chair of Practical Medicine in this school, recently rendered vacant by the death of Dr. J. K. Mitchell. Dr. Dickson has for many years occupied the chair of Practical Medicine in the Medical College of the State of South Carolina. He is a gentleman of enlarged experience, and an able and popular lecturer. We shall welcome with much pleasure our old friend and fellow-student among us.

*Maryland College of Pharmacy.*—Dr. FRANCIS DONALDSON has been elected Prof. of Materia Medica in this school. His appointment will doubtless give satisfaction.

*Medical Department of the University of Louisiana.*—Dr. J. C. NORT has resigned the chair of anatomy in this school, and returns to his former residence, Mobile.

*Medical College of Georgia.*—Dr. JOSEPH JONES has been elected Professor of Chemistry and Pharmacy in this school. Dr. Jones is a graduate of the University of Pennsylvania, and has most industriously devoted himself to physiological and chemical researches. Though a very young man and graduate, of but two years' standing, he has already established a reputation for industry and research by various valuable papers published in the *American Journal* and in the *Transactions of the Smithsonian Institution*.

*OBITUARY RECORD.*—It is with deep regret that we record the death of Dr. JOHN K. MITCHELL, Professor of the Practice of Medicine in Jefferson Medical College. He died in this city on the 6th of April, aged 65 years. Dr. M. was well known as a zealous physiological and chemical experimentalist and cultivator of our science. He had for many years a large practice, and long enjoyed an extensive popularity as a pleasing lecturer, and for his fine social qualities.

## FOREIGN INTELLIGENCE.

*On Cataplasms and Caloric in Chronic Arthritis.*—For a very long period M. TROUSSEAU has derived the greatest advantage from the application of cataplasms to joints suffering from chronic inflammation; cataplasms, however, prepared in the following way: When the knee or other large joint is the one in question, 3 lb. (trois) of bread are boiled down to a consistency admitting of its due application and retention on the part. When the bread has nearly reached such consistency 20 or 30 drachms of spirit of camphor are to be added, and the boiling continued awhile. The poultice thus prepared is to be put on cloth, and the following mixture is to be spread over its surface, viz., powdered camphor, extract of belladonna,  $\mathfrak{ss}$  150 grs., extract of opium 75 grs., alcohol q.s. to render the extract sufficiently soft. Finally, to prevent the cataplasm becoming dried at its edges, these are covered by a slight coating of glycerine. This poultice is an expensive one at first, but then it is to continue applied for eight or nine days, during which time it retains its moisture, and does not undergo fermentation. The poultice is surrounded by a large piece of oiled silk, and by flannel bandages. The case which gave occasion to this description was a serious example of puerperal arthritis, in which leeches and the ordinary cataplasms had failed to give relief. From the time this other form of poultice was applied, amelioration became progressive, and after the third application, i. e. twenty-five days of treatment, the limb, before inflexible, could be moved, and the pain had nearly gone. For the next fortnight, linseed poultices, on which a mixture of belladonna and opium was spread, were applied; and then, as the condition of the joint seemed stationary, bags of sand, heated almost to burning, were laid on the knee. After two days' application of the hot sand, which was repeated twice in the twenty-four hours, the improvement again became considerable. In M. Trousseau's opinion, some of the mineral waters which are of such remarkable efficacy in chronic phlegmasias owe this rather to their excess of caloric than to their chemical composition. By means of bags of hot sand, hydrarthroses, which have resisted the usual treatment, sometimes dis-

appear with remarkable rapidity.—*Med. Times and Gaz.*, March 20, from *Gaz. des Hôp.*, No. 104, 1857.

**Bromide of Potassium in Spermatorrhæa and Satyriasis.**—M. BINET strongly recommends this substance, which may either be given in powder or solution, according to the following formulæ: R.—Brom. pot. xv to xxx gr.; sacchar. gr. c; divide in xii; cap. i. 2dis. horis. R.—Brom. pot. ℥v; aq. ℥lxxv. Dose, a tablespoonful.—*Med. Times and Gaz.*, March 20, 1858, from *Presse Belge*.

**Chlorine in Dissection Wounds.**—M. NONAT states that since 1830 he has repeatedly treated even serious cases of dissection wounds with the best effect by means of solution of chlorine. If the wound is recent, it should be at once freely washed with water, and if it is large and bleeding such washing will usually suffice; but when it is narrow the washing is not enough, and the chlorinated water must be also employed. When the wound even dates several days, is painful and inflamed, and is accompanied by inflamed absorbents and general symptoms, the chlorine will give relief, providing symptoms of purulent infection have not set in. Some inspirations of chlorine may be usefully conjoined.—*Ibid.*, from *Gaz. des Hôp.*, 1857, No. 97.

**Phosphate of Zinc.**—This preparation has been for a considerable time employed as a nervine tonic by Dr. BARNES in his practice at the Metropolitan Free Hospital and on board the Dreadnaught. It is generally prescribed in combination with free phosphoric acid, and Dr. Barnes is inclined to think that he has obtained from it better effects than could have been had from either of the components given alone. The dose is from two to five grains. The cases in which it is recommended are those of epilepsy, and other nervous disorders occurring in enfeebled persons, and it is thought to be especially useful after exhaustion of the nervous system from over-excitement. Although the merit of introducing the salt in question into notice belongs, we believe, to Dr. Barnes, yet probably many of us have long ago been in the habit of prescribing together sulphate of zinc and phosphoric acid, which would come to about the same thing.—*Med. Times and Gaz.*, March 13, 1858.

**Brass Button in the Nostril.**—Mr. MULHOLLAND lately exhibited to the Belfast Clinical and Pathological Society a brass button which he had removed from a child's nostril, after it had remained there thirteen months, and had induced fistula lachrymalis.

**Phosphorus as a Poison.**—M. CHEVALLIER declares that in France at the present time phosphorus is the most dangerous form of poison known, having replaced arsenic, which is now so difficult to obtain, while there are less certain antidotes known for phosphorus than for any other poison. He has collected references to 86 cases of poisoning by phosphorus, of which number 21 arose accidentally, 25 were from suicidal intention, and 40 from criminal poisoning. Of these 86 cases, in 51 chemical matches supplied the phosphorus employed; and it is found that these cases are on the increase, just as cases of poisoning by arsenic are on the decrease. M. Chevallier also feels convinced that of late years a fourth at least, if not a third, of the fires that have occurred have been caused by these matches, whether from their careless employment, or from peculiar causes having given rise to their inflammation. He therefore calls upon the authorities to interdict all matches that are not fabricated with amorphous phosphorus, which, while they are innocuous to life and property, do not give rise in their manufacture to disease of the jaw among the employés.—*Ibid.*

**Hydrated Alumina as a Decolorizing Agent.**—The *Gazette des Hôpitaux* states that M. CHARLES MENÉ has found that hydrated alumina is a more convenient and cheaper decolorizing agent than animal charcoal. He had noticed that hydrated alumina combines with colouring matter to form what is called lac, and thought it might perhaps act as a decolorizing substance. He obtained for his experiments hydrated alumina by decomposing alum with carbonate of soda. This alumina, boiled with carmine or litmus, gave a coloured precipitate, and the filtered fluid was quite colourless. This same hydrated alumina, boiled with compound syrups and molasses, immediately removed their colour. These facts are worth noting.—*Lancet*, March 27, 1858.

**Non-Liability of Scientific Men to be Subpaned to give Evidence.**—LORD CAMPBELL

gave a judgment at Warwick, on Monday, of considerable interest to scientific men likely to be called upon to give evidence in courts of justice. "A scientific witness having asked his opinion as to whether he was bound to attend upon being served with a subpoena, he would say that a scientific witness was not bound to attend, and ought not to be subpoenaed. If he knew any question of fact, he might be compelled to attend, but Her Majesty's subjects were not compellable to give their attendance to speak on matters of opinion." This should be jotted down among the things which should be, but are not, generally known.—*Med. Times and Gaz.*, March 27, 1858.

*Application of Photography to Anatomy and Surgery.*—A French journal, *La Lumière*, in a recent number, speaks of some useful applications of photography to anatomy and surgery—a subject to which we alluded some time ago. A young medical man has produced some admirable stereoscopic representations of the lymphatic vessels of the human body. The value of the application is the more evident in this instance, since, as is well known, the ordinary anatomical preparations of the lymphatics are very difficult to preserve, from the liability of the mercury to burst through the vessels and escape. It is intended also to produce similar representations of the vascular and nervous systems. M. Nélaton, the eminent French surgeon, has had attached to the *clinique* of the School of Medicine in Paris an artist, whose special duty is to take representations of the cases before and after operation. The *Gazette des Hôpitaux*, in mentioning this fact, expresses an opinion that the adoption of a similar plan in the various Parisian hospitals would provide for the permanent record of facts which are very rarely to be met with. In the hospitals of this kingdom, too, a regular system like that adopted by M. Nélaton, and the formation of museums of photographic illustrations of anatomy and surgery, would be of great benefit to practitioners and to students. Even as a means of instruction in the forms and disposition of comparatively ordinary objects, the photographic art, especially if aided by the stereoscope, would be a valuable auxiliary in the medical schools of our universities and hospitals.—*British Med. Journ.*, March 6, 1858.

*Latent Light.*—Mr. GROVE has given the following summary of M. Niepce's experiments on this curious subject: "An engraving which has been for some time in the dark is exposed to sunlight as to one half, the other half being covered by an opaque screen; it is then taken into a dark room, the screen removed, and the whole surface placed in close proximity to a sheet of highly sensitive photographic paper. The portion upon which the light has impinged is reproduced on the photographic paper, while no effect is produced by the portion which had been screened from light. White bodies produce the greatest effect, black little or none, and colours intermediate effects. An engraving exposed as before, then placed in the dark upon white paper, conveys the impression to the latter, which will, in its turn, impress photographic paper. Paper, in a tin case, exposed to sunlight, then covered up by a tin cover, will, when opened in the dark, radiate from the aperture phosphorescent force, and produce a circular mark on the photographic paper, and even impress on the latter the lines of an engraving interposed between it and the photographic surface. Phosphorescent bodies produce similar effects in a greater degree, and bodies which intercept the phosphorescent effect intercept the invisible radiations. A design drawn by a fluorescent substance, such as a solution of sulphate of quinine on paper, is reproduced, the design being more strongly impressed than the residual parts of the paper."—*Med. Times and Gaz.*, April 10, 1858.

*Appointments.*—WILLIAM LAWRENCE, Esq., F.R.S., &c., has been appointed one of the Queen's Sergeant-Surgeons in ordinary, in the room of the late Benjamin Travers, Esq.

Edward Stanley, Esq., and James Paget, Esq., have been appointed Surgeons Extraordinary to the Queen.

*OBITUARY RECORD.*—Died, March 6, 1858, of disease of the heart, BENJAMIN TRAVERS, Esq., F.R.S., Surgeon Extraordinary to the Queen, and Surgeon in Ordinary to H. R. H. the Prince Consort, in the 79th year of his age.

—In London, on the 2d of April, Sir JAMES McGRIGOR, formerly Director-General of the Army Medical Department, aged 87.